

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



May 4, 2001

TO: REGIONAL OFFICES  
LICENSING DISTRICT OFFICES  
CHILD CARE ADVOCATE PROGRAM  
TECHNICAL SUPPORT PROGRAM

FROM: DENNIS WALKER, Chief  
Central Operations Branch

SUBJECT: GUIDELINES FOR COMMUNITY CARE FACILITY LICENSEES USING  
EMPLOYMENT AGENCIES.

On January 3, 2001 Martha Lopez issued a memo outlining the status of the Substitute Employee Registry Pilot Program (see attached memo). The memo explained that though successful, the program could not be implemented statewide because of budgetary constraints. The memo further explained that expansion may occur in the future however, only the registries currently in the pilot were authorized to continue.

As a result, various employment and temporary job placement agencies, not authorized or licensed by the Department as a registry, have independently arranged with the Department of Justice to fingerprint clear individuals. The employment agencies are referring individuals as substitute staff to licensed facilities with the misconception that their background clearance meets licensing requirements. Unfortunately, some licensees apparently have the same misconception.

In recognition of the need for licensees to obtain substitute care staff from agencies beyond those involved in the registry pilot, the attached guidelines were developed.

Please share these guidelines with licensees to ensure they understand the benefits and limitations of using substitute staff referred by employment agencies. The Guidelines will be included in the Evaluator Manuel this summer.

If you have any questions you may contact Vincent Herrera at (916) 322-5419.

Attachments

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, Sacramento, California 95814



January 3, 2001

TO: REGIONAL OFFICES  
LICENSING DISTRICT OFFICES  
CHILD CARE ADVOCATES  
TECHNICAL SUPPORT PROGRAM

FROM: MARTHA LOPEZ, Deputy Director  
Community Care Licensing Division

A handwritten signature in black ink, appearing to read 'Martha Lopez'.

SUBJECT: SUBSTITUTE EMPLOYEE REGISTRY

The purpose of this memo is to inform licensing staff of the current status of the Substitute Employee Registry program. At a number of presentations over the past few months staff and I have shared our plans to expand the program statewide for all facility categories. Unfortunately, we have to postpone the statewide implementation at this time because we simply do not have the resources to allow us to expand the program.

We have received very positive comments about the Registry and the pilot has confirmed that the program can serve both licensees and clients well. Therefore, we will continue the pilot program for those seven registries currently licensed (see attached list).

These seven registry programs are currently operating under specific terms and conditions of a Memorandum of Understanding (MOU). They are the only programs authorized to refer fingerprint cleared employees to licensees and to certify to the qualifications of child care staff. They will issue each employee a certificate verifying fingerprint clearances or exemptions and staff qualifications (see attached sample). The licensee may accept this certificate as evidence that the requirements have been met, and the LPA may accept it when he/she finds it in the licensee's file. Fingerprinting or staff qualifications certified by a substitute employee agency not listed on the attachment can not be accepted.

The seven currently licensed Registries will not be allowed to expand into other CCL regions or into other licensing categories. We remain hopeful that we will be able to implement an expansion at some point in the future, but are unable to project a date at this time.

If you have any questions, or if you have inquiries from the public regarding registries, you may call Vincent Herrera, or direct public inquiries to him at (916) 322-5419. You may also e-mail Vincent at <[v.herrera@dss.ca.gov](mailto:v.herrera@dss.ca.gov)>.

Attachments

*Community Care Licensing Division*  
***Licensed Substitute Employee Registries***

Facility Name: Central Coast Substitute Care for Children  
Facility Address: 3282 Johnson Ave.  
Facility Mailing Address: P.O. Box 15725 San Luis Obispo, CA 93406-5725  
Director: Cynde L. Felch,  
Phone: (805) 542-4230  
Client's Served: Child Day Care  
CCL Region: Coastal

Facility Name: Child Care Links  
Facility Address: 1576 Catalina Court  
Facility Mailing Address: 1576 Catalina Court. Livermore, CA 94550-6410  
Director: Carol Thompson  
Phone: (925) 455-4081  
Client's Served: Child Day Care  
CCL Region: Coastal

Facility Name: ChildCare Careers  
Facility Address: 24326 Mission Blvd., Suite 1  
Facility Mailing Address: 24326 Mission Blve., Suite 1, Hayward, CA 94544  
Director: Hulya Koc  
Phone: (510) 666-8367  
FAX: (650) 345-8837  
e-mail: [baybars@pacbell.net](mailto:baybars@pacbell.net)  
Client's Served: Child Day Care  
CCL Region: Coastal

Facility Name: Community Child Care Coordinating Council (4C's)  
Facility Address: 22351 City Center Drive, Suite 200, Hayward  
Facility Mailing Address: 22351 City Center Drive, Suite 200, Hayward, CA 94541  
Director: Tenna Land-Moore  
Phone: (510) 582-2182  
E-mail: [fourcs@earthlink.net](mailto:fourcs@earthlink.net)  
Client's Served: Child Day Care  
CCL Region: Coastal

Facility Name: TempCare/ Teacher's Connection  
Facility Address: 24 East 17<sup>th</sup>. Ave  
Facility Mailing Address: San Mateo, CA 94402  
Director: Mehtap "Emmie" Malazgirt  
Phone: Phone (650) 577-TEMP or 877-577-8367  
Website: [www.tempcare.com](http://www.tempcare.com)  
E-mail: [emmie@tempcare.com](mailto:emmie@tempcare.com); [staffing@tempcare.com](mailto:staffing@tempcare.com)  
Client's Served: Child Day Care  
CCL Region: Coastal

Facility Name: H.U.G. Project  
Facility Address: 3035 Brookdale Ave.  
Facility Mailing Address: 3021 Brookdale Ave. Oakland, CA 94602  
Director: Lois Johnson  
Phone: (510) 533-0431  
Client's Served: Child Day Care  
CCL Region: Coastal

Facility Name: Relief Staff Registry, Inc.  
Facility Address: 5900 Sepulveda Blvd., Suite 360  
Facility Mailing Address: 5900 Sepulveda Blvd., Suite 360, Van Nuys, CA 91411  
Director: Theodore O'Bike  
Phone: (818) 787-7947  
Website: [www.reliefstaff.com](http://www.reliefstaff.com)  
E-mail: [support@reliefstaff.com](mailto:support@reliefstaff.com)  
Client's Served: Group Home  
CCL Region: Los Angeles

## SUBSTITUTE EMPLOYEE REGISTRY Certificate of Eligibility

### GROUP HOME

This certificate entitles the registrant to work in a licensed Group Home. Present this original certificate to each Group Home facility to which you are referred. The Registry has verified fingerprint clearances, qualifications and training. This certificate expires one year from issue date on \_\_\_\_\_ but may be terminated earlier at the discretion of the Registry and is valid only if the person presenting it is referred by a licensed Substitute Employee Registry.

Each community care facility licensee shall make a copy of this certificate for his/her facility files.

**TYPE or PRINT REGISTRANT INFORMATION: Name:** \_\_\_\_\_

Social Security Number (optional): \_\_\_\_\_

CA Driver's License Number: \_\_\_\_\_

CCL ID Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

**REGISTRANT HAS:** CA Criminal Record Clearance. \_\_\_\_\_ Criminal Record Exemption \_\_\_\_\_

Exemption Conditions \_\_\_\_\_

\_\_\_\_\_ Child Abuse Central Index Clearance

**REGISTRANT HAS:**

- \_\_\_\_\_ 15 hours Preventative Health Care Training
- \_\_\_\_\_ Neg. TB Clearance & Health Screening
- \_\_\_\_\_ First Aid \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- \_\_\_\_\_ CPR \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**TYPE or PRINT REGISTRY Name:** \_\_\_\_\_

License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

Street

City

Zip Code

**I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION ON THIS DOCUMENT IS TRUE AND CORRECT.**

Signature: \_\_\_\_\_

Authorized Registry Representative

Title \_\_\_\_\_

Date \_\_\_\_\_

## GUIDELINE FOR COMMUNITY CARE FACILITY LICENSEES USING EMPLOYMENT AGENCIES

As a community care facility licensee you may employ the services of an Employment Agency to help you meet your permanent or temporary staffing needs. Should you decide to contract with such agencies it is important for you to understand the benefits and limitations of these types of services.

The Employment Agency may recruit and refer two types of persons to you:

1. Those who already have a criminal record clearance or exemption through Community Care Licensing (that is, they have previously been licensed or employed by another facility), or
2. Those who do not have a criminal record clearance or exemption through Community Care Licensing.

**1. If the staff person already has a criminal record clearance or exemption through Community Care Licensing:**

- *The employment agency may get written authorization from the individual for Community Care Licensing to reveal to the agency his/her criminal background status (that is, does the individual have a clearance or an exemption).*
  - ✓ The form that should be used for authorization to release information is the LIC 9196, "Authorization to Release Criminal Background/Clearance Information". A sample of this form is attached for your information.
- *The employment agency may send the signed authorization form LIC 9196 and a "Request for Criminal Background/Clearance Information" to the local community care licensing district office with a stamped self-addressed envelope. The district office will return the form to you.*
  - ✓ The form that should be used for requesting criminal background/clearance information is form LIC 9197. A sample of this form is attached for your information.
  - ✓ Both of these forms, the LIC 9196 and LIC 9197 are new forms and will be available at the Community Care Licensing Internet site in May, 2001. The web site address is <http://ccl.dss.cahwnet.gov> and click on "Forms".

- ✓ *The employment agency may refer this cleared or exempted individual, with a copy of the form LIC 9197 completed by the Community Care Licensing district office, to a licensed community care facility for employment.*

When the licensee decides to hire a staff person with a criminal background clearance:

- *The licensee must request a transfer of the clearance to the licensee's facility through their local Community Care Licensing district office. This is known as having the person "associated" with the new facility.*
- ✓ *The form that should be used to request the clearance transfer is the LIC 9182 "Criminal Background Clearance Transfer Request". A copy is attached for your information and is available at the Community Care Licensing Internet site.*
- ✓ *The employment agency may assist the licensee by completing this form, except for the licensee's signature, and sending it to the licensee with the individual staff person.*
- *The licensee is responsible for checking the individual's identification, signing the form, and sending it to their local community care licensing district office.*
- *The licensee is responsible for sending the transfer request to Community Care Licensing before the individual is permitted to care for clients.*

When the licensee decides to hire a staff person with a criminal background exemption:

- *The licensee must request a transfer of the exemption through the community care licensing division's Caregiver Background Check Bureau.*
- ✓ *The form that should be used to request the exemption transfer is the form LIC 9188 "Criminal Record Exemption Transfer Request". A copy is attached for your information.*
- ✓ *The employment agency may assist the licensee by completing this form, except for the licensee's signature, and sending it to the licensee with the individual staff person.*

- *The licensee is responsible* for checking the individual's identification, signing the form, and sending it to:

California Department of Social Services  
 Caregiver Background Check Bureau  
 744 P Street, MS 19-62  
 Sacramento, California, 95814

- *The licensee is responsible* for sending the transfer request to Community Care Licensing before the individual is permitted to care for clients. The staff person may work in the facility before the exemption is officially transferred **only if** his/her exemption was granted for the same facility type in which he/she now wishes to work (that is, he is going to work in a group home and the exemption was granted for a group home).
- The type of facility for which the individual was granted an exemption will be shown on the Form LIC 9187. If the exemption was issued for a facility type other than the one in which he/she wishes to work (for example, the employee has an exemption for a child care center and is going to work in a group home) the staff person cannot work until the exemption has been reviewed and transferred, by Community Care Licensing, to the new facility. Transfer of an exemption from one facility type to another is not automatic.
- Note that the transfer of an exemption will require more time to process than the transfer of a clearance.

**2. If the staff person does not have a criminal record clearance or exemption through Community Care Licensing:**

- *The employment agency may* arrange with the California Department of Justice to have persons fingerprint checked. The law permits such checks, but this authority was not intended to be used to provide fingerprint checks for individuals who will be dealing with vulnerable clients such as those in community care facilities. As a consequence, the crimes reviewed and the rules for clearances or exemptions are not the same as those used to clear or exempt individuals checked through Community Care Licensing. The criminal background checks **are not equivalent.** For the sake of the clients, **these clearances can not be used for staff who work in community care facilities.**
- In all cases *the licensee is responsible* to ensure that this employee has fingerprints submitted through Community Care Licensing, using the licensee's facility number, prior to the individual providing care to clients.



Community care facility licensees remain responsible for ensuring that all employees meet all of the minimum requirements for the position in which they will be employed. It does not matter how staff have been recruited, whether from an employment agency or through the licensee's own recruitment efforts.

Some employment agencies may further assist licensees by verifying whether the individuals they refer have certain background and training qualifications or meet health screening, tuberculosis or other minimum requirements. The agency may provide appropriate verification documents with the individual when he/she is referred. The licensee is responsible for having the same verification in their files that is required for all staff performing the same job. It would be prudent for a licensee to double check agency representations regarding training and background on an ongoing basis. If an audit or licensing review determines that the training is not adequate, or the representation made by the employment agency was not accurate, the result is that the licensee is using unqualified staff, and action will be taken against the licensee. The department has no authority to take action against the employment agency.

As a last item, the community care facility licensee is, of course, responsible for ensuring that all staff have any post employment training or education required by regulations.

APR 19 2001

**AUTHORIZATION TO RELEASE CRIMINAL BACKGROUND/  
CLEARANCE INFORMATION [VALID FOR THIRTY(30) DAYS]****TO: COMMUNITY CARE LICENSING DISTRICT OFFICE.**

I, \_\_\_\_\_, authorize Community Care Licensing  
(PRINT NAME)  
to release criminal record clearance status information from the LIS 110-A file to

\_\_\_\_\_  
(PRINT NAME OF EMPLOYMENT AGENCY)

I understand that this information may indicate that I have a clearance or exemption, or do not have a clearance, as a result of fingerprint submissions to the California Department of Justice, the Federal Bureau of Investigation and the California Child Abuse Central Index. *This authorization will expire thirty(30) days after the date that I have written next to my signature.*

**SAMPLE**

SIGNATURE OF INDIVIDUAL

DATE OF SIGNATURE

DATE OF BIRTH(REQUIRED)

SOCIAL SECURITY NUMBER

10 DIGIT ID NUMBER IF KNOWN

**EMPLOYMENT AGENCY:**

Mail the original of this form to the local Community Care Licensing District Office with the Request For Criminal Background/Clearance Information form # LIC 9197 and a self addressed stamped envelope.

APR 19 2001

**REQUEST FOR CRIMINAL BACKGROUND/  
CLEARANCE INFORMATION**

Based upon the accompanying signed authorization, I am hereby requesting the criminal record clearance status indicated in the authorization on behalf of \_\_\_\_\_  
(PRINT NAME)

SIGNATURE OF INDIVIDUAL RECEIVING THE INFORMATION

DATE SIGNED

PRINT NAME OF INDIVIDUAL RECEIVING THE INFORMATION

AGENCY

POSITION

**CRIMINAL RECORD CLEARANCE STATUS:**

Department of Justice \_\_\_\_\_

Federal Bureau of Investigation \_\_\_\_\_

Child Abuse Registry \_\_\_\_\_

If this individual has an exemption, what is the facility type for which the exemption was granted? \_\_\_\_\_

Self Addressed Stamped envelope enclosed

SIGNATURE OF COMMUNITY CARE LICENSING REPRESENTATIVE

DATE LIS WAS VIEWED

**CRIMINAL BACKGROUND CLEARANCE TRANSFER REQUEST**

The Department may transfer an individual's criminal record clearance from one state licensed facility to another. Clearances cannot be transferred from a state licensed facility to a county licensed facility, or from county to state.

The facility licensee, administrator, or director who is seeking the transfer must verify the individual's identity and include a copy of the person's California driver's license or a valid photo identification issued by another state or the United States government if the person is not a California resident. Additionally, the facility must submit the transfer request **before** the individual has client contact or the facility will be in violation of the law and subject to the \$100 civil penalty. *Note: This transfer request is for clearances only. Contact your licensing office for information about exemptions transfers.*

PLEASE TYPE OR PRINT LEGIBLY		DATE:
PLEASE TRANSFER THE CRIMINAL RECORD CLEARANCE FOR THE FOLLOWING INDIVIDUAL:		
LAST NAME	FIRST NAME	MIDDLE INITIAL
CA DRIVER'S LICENSE #:		DOB:
CLEARANCE ID#:		SSN: (OPTIONAL)
FROM THE FOLLOWING FACILITY:		
NAME OF FACILITY:		FACILITY NUMBER:
STREET ADDRESS:		
CITY	STATE	ZIP CODE:
TO THE FOLLOWING FACILITY: <input type="checkbox"/> PLEASE ALSO KEEP THIS INDIVIDUAL ASSOCIATED WITH ABOVE FACILITY.		
NAME OF FACILITY:		<b>Transferee Association Type</b> <input type="checkbox"/> Facility Administrator <input type="checkbox"/> Corporation Board Member <input type="checkbox"/> Employee <input type="checkbox"/> Certified Home <input type="checkbox"/> Licensee/Applicant <input type="checkbox"/> Non-client Adult Resident <input type="checkbox"/> Partnership Member <input type="checkbox"/> Spouse of Licensee
FACILITY NUMBER:	DATE OF EMPLOYMENT:	
STREET ADDRESS:		
CITY	STATE ZIP CODE:	
I certify I have verified the above individual's identity and have enclosed a copy of the individual's photo I.D.		
Signature		Title (licensee, administrator, director)
FOR DISTRICT OFFICE USE ONLY		
DATE OF TRANSFER ENTRY:		INITIAL OF PERSON ENTERING TRANSFER:
FILE IN NEWLY ASSOCIATED FACILITY FILE		

**CRIMINAL RECORD EXEMPTION TRANSFER REQUEST**

The Department may consider transferring an individual's active criminal record exemption from one state-licensed facility to another state licensed facility. ***The facility must submit the transfer request before the individual has client contact.***

The facility licensee, administrator, or director who is seeking the exemption transfer must verify the individual's identity and include a copy of the person's California driver's license or a valid photo identification issued by another state or the United States government if the person is not a California resident; a duty statement or job description; and a Criminal Record Statement (LIC 508). The LIC 508 must contain an explanation(s) of all convictions. Additionally, a new Child Abuse Central Index (CACI) check must be submitted if the exemption transfer request is to a facility serving children and the date of the CACI inquiry was made prior to January 1, 1999. The CACI must be mailed directly to the Department of Justice with the applicable fee.

PLEASE TYPE OR PRINT LEGIBLY		DATE:
PLEASE TRANSFER THE CRIMINAL RECORD EXEMPTION FOR:		
LAST NAME	FIRST NAME	MIDDLE INITIAL
CA DRIVER'S LICENSE # or ID #:		DOB:
LIS ID#:		SSN: (OPTIONAL)
FROM THE FOLLOWING FACILITY:		
NAME OF FACILITY:		FACILITY NUMBER:
STREET ADDRESS:		
CITY	STATE	ZIP CODE
TO THE FOLLOWING FACILITY:		
NAME OF FACILITY:		<b>Transferee Association Type</b> <input type="checkbox"/> Facility Administrator <input type="checkbox"/> Corporation Board Member <input type="checkbox"/> Employee <input type="checkbox"/> Certified Home <input type="checkbox"/> Licensee/Applicant <input type="checkbox"/> Non-client Adult Resident <input type="checkbox"/> Partnership Member <input type="checkbox"/> Spouse of Licensee
FACILITY NUMBER:	DATE OF EMPLOYMENT:	
STREET ADDRESS:		
CITY	STATE	
ZIP CODE		
I certify I have verified the above individual's identity and have enclosed a copy of the individual's photo I.D.		Title (licensee, administrator, director)
Signature		
FOR DISTRICT OFFICE USE ONLY		
DATE OF EXEMPTION TRANSFER ENTRY:		INITIAL OF PERSON ENTERING TRANSFER:

c: Martha Lopez, 17-17  
Dennis Walker, 19-52  
Carole Jacobi, 19-52  
Selso Vargas, 19-47  
Linda Nissen, 19-56  
Andy Ah Po, 19-62  
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COB file